

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SP</i>		11-28-01
O.I.P.E. CLASSIFIER		7/3	12/5/01
FORMALITY REVIEW	<i>TH</i>	9/3	12-06-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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